

System of Care Committee
Heritage Inn
Monday, October 23, 2006

Committee Members present: William Snell, Tina Cline, Barbara Hogg, Christine Good Luck, Pete Surdock, Bonnie Adey, Mignon Waterman, Mary Dalton, Jani McCall, Melanie Martin-Dent, Jannis Conselyea, Tim Kober, Stephanie Luehr, Tim Lambert, John Larson, Natalee Barnes, Bob Runkel, Jane Wilson (AMDD), Christie Hill-Larson, and Shirley Brown.

Non Committee Members present: Karin Billings, Cindy Smith, Danielle Goelle, Trish King, Julie Prigmore, Kim Thiel-Schaaf, Kari Tutwiler, Dawn Smith, Teri Young (DOC), Rita Pickering, Jamie Stolte, Novelene Martin, Walt Wagenhals, Klarissa Jensen, Pamela Koepplin, Shawn Backbone, Lorrie Bilstoft, and Sharon Odden.

Natalee Barnes – Juvenile Justice (PowerPoint presentation and handout).

Comments:

- SOC Committee should support and encourage the system.
- What can the Committee do with data collection to help statewide?
 - Change the nature of Evaluation work group to focus on using the evaluation to help in this matter.

2) July 25, 2006 Minutes passed.

3) Missoula KMA Report:

- Missoula meets as a KMA.
- Has separate meeting of the executive board that meets separately to staff kids.

Accomplishments:

- U of M is new fiduciary.
 - This will help with sustainability, match, and aid from students.
- Web site, resource directory for Missoula County.
- Pamela Koepplin is the new parent coordinator.
- Active partners with Hope ABC (parent support group).
- Missoula KMA now includes Mineral County (Superior).

Challenges:

- KMA feels they are lacking education in SOC, information is fragmented.
- Year 1 has been infrastructure development.
- Would like access to direct service dollars.
- Still using first year funds.
- Targeted October 1 for access to direct service dollars, as well as to introduce the Evaluation to families.
- Concern with reaching sustainability – match increases every year.
- Ability to address gaps in service – uninsured, where will they fall in, how do they access funds for uninsured? How to care for non-Medicaid kids in state.
- Continuing concern of liability coverage for KMAs.
 - Suggestion was made to check out private non-profit status.

Pete - Funding:

- Grant funds don't follow a set schedule; the money can be extended to the second year.
- First year money can only be used for infrastructure. Need to certify that infrastructure will remain in place.
- A portion of second year monies allow for serving kids.
- Sites can't supplant first year money for services.

Comments:

- Would like to hear some of the creative ways to fund services.
- There is limited flexible money.
 - Established parameters of how agencies can spend budgets.
- Include successes and ways to fund services in quarterly report.
- Suggestion was made that SOC Committee members should attend local KMA trainings.

A training survey was sent to each project director. Training will be specific to each site and provided on-site. Suggestions were:

- Training that would look at funds, in-kind match, and the system.
- Explain where funds can be used.
- Tailor the funds to specific KMAs.
- Training on community specific sustainability.
- Site specific training, role identification, and how to strengthen collaboration.

KMA is about a community using local dollars and resources to take care of itself. State can provide training but ultimately each community needs to decide what resources it has access to.

4) Cultural Survey:

- CMHB is obligated by grant to enhance and improve the cultural competency of the SOC committee.
- Need to define what culture is.
- Didn't do cross tabulation to protect privacy.
- 23 members of SOC took the survey at the last meeting.
- Only one had not received cultural awareness training in the past year.
- Most agencies do not have a formal process to study cultural aspects of their jobs.
- Several members didn't know specifics of their service population.
- Training might include committee members taking what they learn through SOC back to their agency for training in that setting.
- Suggestion: Survey members via e-mail regarding future training, etc. before next meeting.
- Most members have had basic education, would like reinforcements, updating, etc.

5) KMA Certification:

- Used RFP and KMA guidelines previously developed.
- For non-funded communities interested informing a KMA.
- Will be a web based form for community to complete and e-mail in.
- Parent has final approval of team members.
- Assure KMAs demonstrate and encourage active parental involvement.
 - Measure activity in involvement rather than numbers or percentage.
- How long is certification effective?
- Will implementation sites be grandfathered in?

- Need to differentiate between KMA certification and grant project sites certification

Melanie and Cyndi will do one more draft that incorporates the suggestions made today. Deadline for comments is one week.

6) MOU policy/bylaws:

- MOU is necessary for grant.
- Intention is to have directors of agencies sign.
- No expiration date.
- Have been working on policy and operations manual.
- Talking to DPHHS attorney to creating by-laws. Attorneys looking at agency proclamation for SOC to exist.
- E-mail Karin Billings, Kbillings@mt.gov, for questions and comments.

7) Social Marketing/Training:

- SAMHSA is initiating a national anti-stigma campaign, primarily TV, with some radio spots.
- Target audience is young adults that have friends with serious mental illness.
- 30 PSA's will be distributed to grant sites.
- National exposure is targeted to begin November 1.

8) Pete – explanation of SOC logo

9) Jani McCall (Consulting w/Communities, Inc.)

Legislative Process:

Key dates:

- 1st day of legislature – January 3.
- Transmittal Date – Feb 24 (all bills from one house now move to other house).
- Deadline for bill introduction – will be determined by legislators.
- Several bills currently in the system relate to HHS, kids and mental health.
- If changes are made to a bill, the sponsor may change also.
- Bills can only be requested by holdovers prior to election.

10) Mary:

EPP update:

- Governor's projections to legislature by December 1.
- Total amount of state surplus is unknown at this time.
- Looking at a 2.5% across the board provider increase during first year, held constant second year.
 - For Medicaid alone, this would mean \$5.5M.
- Still looking at possible aid for SOC match.
 - May look at using tobacco money that wasn't spent last legislative session.
- If Mary's flexible fund legislation goes through, general fund may be used for other than Medicaid approved services.
 - Will allow moving general fund match in a program over to services other than Medicaid.
 - Would also allow other departments to move dollars into this fund to use for kids.

- Bill could be amended that each agency associated with SOC can put money into a fund to be used.
 - Does not expand eligibility. Child has to be Medicaid eligible to use Medicaid General Fund
- What members of KMAs are covered for liability?
 - Need to look at how KMAs are structured.
 - A volunteer will be covered for decisions that are made.
 - This may be different for an employee of the KMA.
 - Non-profit agency coverage will be investigated.
 - This is not in as a bill at this time.
- Interim committee on children and families has agreed to sponsor a bill to raise CHIP eligibility to 165% of poverty level; other planning group is working to raise CHIP to 200% of poverty level.
 - By year of 2009 at current level of children serving we will run out of money.
 - In order to maintain, Montana needs an increase in allotment.
- Hope to have Pete's position advertised next week.
 - Advertisement will run two weeks.
 - Ideal requirements: mental health expertise, ability to manage \$60M budget, lobbied or worked for legislature, some pertinent legal experience.
 - Suggestion was made to have a member of SOC on the interview committee.
 - Would like to have new bureau chief on board before legislative session starts.

Deficit Reduction Act (DRA) Grant:

- Competitive grant to treat children that would otherwise be in a residential treatment center (RTC).
 - Similar to a 1915C (Home and community based) waiver.
 - Montana application submitted October 17.
 - Will hear by November if we are selected.
 - Will have 9 months to develop a full application.
- Second year of grant will serve 20 children in Yellowstone County.
 - Yellowstone County has 16% of Montana's SED youth population.
- For youth ages 6-16 which would otherwise go to an RTC.
- Must be Medicaid eligible.
- Meet CON requirements for RTC
- Parent selects either RTC or treatment at home to participate.
- Plan manager will be separate from TYCM
 - Will develop plan of care as well as cost.
- Will coordinate with KMA, however, plan manager will be responsible for kids.
- Eligibility will be reviewed every 30 days.
- Five year grant; has to be cost neutral.
- Hope to serve 100 children in five communities by year five.

Grant will allow us to develop services to keep kids in the community:

1. Crises response services
 - Most expensive of services--has to be staffed 24/7.
2. Respite care
 - Usually listed by families as needed most.
3. Education and support services for family.

- Model looked at now is NAMI model, five or six classes structured to families.
- Pharmacogenetic screening for hyper or hypo-utilizer and how child responds to drugs.
- Non-medical transportation.
- Flexible funding (has to be written into treatment plan).

Comments:

- Would like to evaluate the adults in the family.
- What are the characteristics and attitudes of the adults in the child's life?
- What are the dynamics of the family, school, community, etc?
- Key indicators might be able to discover if certain services may help keep child in the community.

HIFA waiver was applied for at end of summer.

- Expect final approval in December or January.
- This will take money that is unmatched previously for adults that are in the mental health services and match with Medicaid.
- Also targets 300 slots for children that need transition from children's services to adult services.

11) Bonnie Adey: President's New Freedom Commission 2003 booklet.

- Governor's office is making a commitment to the goals of this report.
- Governor wants mental health initiatives to match Montana's goals.
- Would like SOC committee to look at how their work fits under the goals.

12) Strategic Planning,

- What goals does the SOC committee want to achieve?
- The SOC Committee was first envisioned to be comprised of 6 or 7 agencies dealing with funding for kids.
- Should current committee continue to try to serve two separate functions?
- Suggestion: Large advisory community group with separate care coordination team to deal with specific issues.
- There will be a strategic planning retreat in late May with a facilitator.
- Karin Billings, Stephanie Luehr, Melanie Martin-Dent and Barbara Hogg will look at by-laws and planning retreat more in depth.

13) Next meeting:

- Possibly a two to three hour MetNet on January 4.
- Updates on department package and hearing schedule.
- Will concentrate on budget issues, specific bills and updates on grants